

**CHEMICAL DEPENDENCY  
TRANSITIONAL LIVING CENTER**

**ALTERNATIVE YOUTH CARE LLC**

4880 HIGHWAY 93 SOUTH

KALISPELL MT 59901-

**Phone:** 854-2044 **Fax:** 857-2503

**Administrator:** RICHARD BALAS

**Current License Duration:** 1

Licensed Beds: **20**

Health Planning Region Number: **5**

**Certificate of Approval Number:** 275-06

Freestanding Beds:

Facility ID Number **181**

County: **FLATHEAD**

**JCAHO:**

LicenseNumber: **10789**

Exp. Date: **08/01/2006**

**NOT PROV**

Original License Date:

Detox Beds:

**TEEN RECOVERY CENTER**

1467 HAYS DRIVE

MISSOULA MT 59802-

**Phone:** 721-5379 **Fax:**

**Administrator:** EMERY JONES

**Current License Duration:** 1

Licensed Beds: **8**

Health Planning Region Number: **5**

**Certificate of Approval Number:** 258-06

Freestanding Beds:

Facility ID Number **113**

County: **MISSOULA**

**JCAHO:**

LicenseNumber: **10790**

Exp. Date: **09/01/2006**

**NOT PROV**

Original License Date:

Detox Beds:

**Total Facilities = 2**